

Pharmacy and Therapeutics (P&T) Committee Meeting Record

Date: July 16, 2010 **Time:** 9:00 a.m. – 3:30 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Conference Room D

Moderator: Phil Petersen, M.D.

Committee Members Present: Phil Petersen, M.D.-Chair; Catherine Hitt-Piechowski, PharmD; Dennis Tofteland, RPh; John Mahan, M.D.; Mark Johnston, RPh; Elaine Ladd, PharmD; Scott Malm, PA-C; Tami Eide, PharmD;

Others Present: Steve Liles, PharmD; Melinda Sater, PharmD; Jane Genrich, PharmD.; Cody Scrivner CPhT; Rachel Strutton

Committee Members Absent: William Woodhouse, M.D.; Mark Turner, M.D.; Perry Brown, M.D.

AGENDA ITEMS	PRESENTER	OUTCOME/ACTIONS
CALL TO ORDER	Phil Petersen, M.D.	Dr. Petersen called the meeting to order.
Committee Business		
➤ <i>Roll Call</i>	Phil Petersen, M.D.	Dr. Petersen completed the roll call and called the meeting to order.
➤ <i>Reading of Mission Statement</i>	Phil Petersen, M.D.	Dr. Petersen read the Mission Statement.
➤ <i>Approval of Minutes from February 19, 2010 Meeting</i>	Phil Petersen, M.D.	There were no corrections. The February 19, 2010 meeting minutes were accepted as proposed.
➤ <i>Announcement</i>	Tami Eide, PharmD	Dr. Eide made an announcement related to the change in meeting dates for the year 2011. Due to TOP\$ group reviews, the 2011 meeting dates will be: April 15, 2010 May 20, 2010 October 21, 2010 November 18, 2010
➤ <i>DERP Update and Key Questions</i>	Tami Eide, PharmD	Dr. Eide provided an update on DERP and presented the following Key Questions: <u>Second Generation Antidepressants</u> <u>Controller Medications for Asthma</u> <u>New Diabetes Medications, TZDs and Combinations</u>

<p>➤ Bronchodilators, Anticholinergics</p>	<p>Steve Liles, PharmD Provider Synergies</p>	<p>Inhaled glucocorticoids. For the combination agents (Advair, Symbicort, and Dulera), the Committee recommended that because of safety issues with the LABA component that in asthma these agents only be used in patients not in control with other maintenance agents (inhaled steroids) and that they be used for the shortest period of time possible</p>
<p>➤ Intranasal Rhinitis Agents</p>	<p>Steve Liles, PharmD Provider Synergies</p>	<p><u>Bronchodilators, Anticholinergics</u> Dr. Liles reviewed the GOLD 2009 guideline update for COPD and FDA safety review on Spiriva. He also provided one (1) new clinical trial on switch therapy and an UPLIFT subgroup analysis which compared exacerbations per patient year of tiotropium compared to placebo.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support preferring or non-preferring any agents in this class over any other.</p>
<p>➤ Ophthalmics for Allergic Conjunctivitis</p>	<p>Steve Liles, PharmD Provider Synergies</p>	<p><u>Intranasal Rhinitis Agents</u> Dr. Liles provided updates on new labeling for Patanase and Astepro. He also reviewed new clinical trials on Astepro vs Astelin; olopatadine (Patanase) vs fluticasone (Flonase); mometasone (Nasonex) and olopatadine vs Azelastine.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class.</p>
<p>➤ Ophthalmics, Glaucoma Drugs</p>	<p>Steve Liles, PharmD Provider Synergies</p>	<p><u>Ophthalmics for Allergic Conjunctivitis</u> Dr. Liles reviewed the new drug products ketorolac generic, azelastine generic and bepotastine (Bepreve). There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class.</p>
<p>➤ Ophthalmics, Glaucoma Drugs</p>	<p>Steve Liles, PharmD Provider Synergies</p>	<p><u>Ophthalmics, Glaucoma Drugs</u> Dr. Liles reviewed one (1) clinical trial, one (1) systematic review and one (1) meta-analysis. There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt that this was a class that required the clinical expertise of specialists and had no recommendations for changes.</p>

➤ Ophthalmic Anti-Inflammatories	Steve Liles, PharmD Provider Synergies	<p><u>Ophthalmic Anti-Inflammatories</u> Dr. Liles provided a review of the new drug products Ozurdex (dexamethasone intravitreal) and Acuvail (ketorolac). He reported that Acular PF (ketorolac PF) was now off of the market. There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class.</p>
➤ Atopic Dermatitis	Steve Liles, PharmD Provider Synergies	<p><u>Atopic Dermatitis</u> There was no new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class. They did feel that a DUR educational intervention focusing on place in therapy, particularly for young children, would be useful.</p>
➤ Cephalosporins & Related Antibiotics	Steve Liles, PharmD Provider Synergies	<p><u>Cephalosporins & Related Antibiotics</u> Dr. Liles announced the availability of cefditoren, a generic for Spectracef. He also reviewed the guideline updates for WHO Pneumonia in children and the IDSA (Infectious Diseases Society of America) Catheter associated UTI recommendations. There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt that there should be at least one representative cephalosporin for each generation. As in the past, the Committee recommended cefaclor remain a non- preferred agent due to clinical safety issues.</p>
➤ Fluoroquinolones, Oral	Steve Liles, PharmD Provider Synergies	<p><u>Fluoroquinolones, Oral</u> There was no significant new clinical information to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any specific recommendations for this class</p>
➤ Macrolides/Ketolides	Steve Liles, PharmD Provider Synergies	<p><u>Macrolides/Ketolides</u> There was no significant new clinical information to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class.</p>

➤ Antivirals, Oral	Steve Liles, PharmD Provider Synergies	<p><u>Antivirals, Oral</u> Dr. Liles announced the availability of the new drug product valacyclovir which is a generic Valtrex. He reviewed the WHO January 2010 influenza susceptibilities and two influenza systematic reviews. There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee recommended the Department base the decision of preferred drugs for the anti-influenza agents on the CDC guidelines and reports of resistance patterns as flu season moves closer.</p> <p>The Committee concluded that valacyclovir was more effective and should be preferred over famciclovir. They recommended making generic valcyclovir preferred over Valtrex when more generic valacyclovir preparations become available and the cost goes down.</p>
➤ Antivirals, Topical	Steve Liles, PharmD Provider Synergies	<p><u>Antivirals, Topical</u> There was no significant new clinical information to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class.</p>
➤ Antiparasitics, Topical	Steve Liles, PharmD Provider Synergies	<p><u>Antiparasitics, Topical</u> There was no significant new clinical information to share with the Committee.</p> <p>Committee Recommendations The Committee recommended specifically that lindane stay a non preferred agent due to neurotoxicity. They felt there were no evidence based differences to support any changes to this class.</p>
➤ Antibiotics, Vaginal	Steve Liles, PharmD Provider Synergies	<p><u>Antibiotics, Vaginal</u> Dr. Liles announced that Clindesse had been recalled because of manufacturing non-compliance issues. There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class. They suggested a possible DUR Study to look at the use of this class compared to use of oral agents.</p>

➤ Antifungals, Oral	Steve Liles, PharmD Provider Synergies	<p><u>Antifungals, Oral</u> Dr. Liles provided a review of the new drug products Oravig (miconazole) and Terbinex (terbinafine) and one (1) clinical trial for Oravig (miconazole). There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to recommend that any one agent be preferred over any other. They recommended that Oravig only be preferred if cost-effective compared to other agents.</p>
➤ Antifungals, Topical	Steve Liles, PharmD Provider Synergies	<p><u>Antifungals, Topical</u> There was no new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee had no recommendations for preferring any agent, but recommended clotrimazole/betamethasone not be covered for patients less than 17 years of age.</p>
➤ Ophthalmic Antibiotics	Steve Liles, PharmD Provider Synergies	<p><u>Ophthalmic Antibiotics</u> Dr. Liles provided a review of a new drug product Besivance (besifloxacin) and one (1) new clinical trial on Besivance (besifloxacin). There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee recommended having at least one (1) agent from each of the aminoglycoside, quinolone and sulfonamide classes as preferred. They felt there were no evidence based differences to support any other changes to this class.</p>
➤ Antihyperuricemics, Oral	Steve Liles, PharmD Provider Synergies	<p><u>Antihyperuricemics, Oral</u> Dr. Liles provided a review of drug product Colcris (colchicines), one (1) clinical trial for Colcris and one systematic review of colchicines. There was no other new clinical data to share with the Committee.</p> <p>Committee Recommendations The Committee felt there were no evidence based differences to support any changes to this class. They were concerned that generic colchicine was not FDA approved and would be taken off of the market and replaced by a much more costly agent.</p>

There was no public comment taken for this meeting. Zero persons signed up to give testimony.